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PLEASE  
LETTER  
PLAINLY  
OR TYPE

Artist

FIRST NAME

LAST NAME

Address

NO

STREET

CITY

ZONE

COUNTY

Tel.

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

PRICE

TITLE

MEDIUM

CLASS

DO NOT WRITE IN  
THESE COLUMNS[illegible]

Use second blank if required

## IMPORTANT

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

*H. R. Cassell*  
SIGNATURE

SIGNATURE \_\_\_\_\_